



RACIAL AND ETHNIC APPROACHES TO COMMUNITY HEALTH DEMONSTRATION PROGRAM 2010 (REACH 2010)

WHAT IS THE PUBLIC HEALTH PROBLEM?

- The leading causes of death and disability (such as cardiovascular disease, cancer, and HIV/AIDS) are dramatically higher among racial and ethnic minority populations in the United States; rates of death from stroke are 60 percent higher among African-Americans than among whites.
- The prevalence of diabetes is 70% higher among non-Hispanic African-Americans and nearly 100% higher among Hispanics than among whites of similar age. The prevalence of diabetes among American Indians and Alaska Natives is more than twice that of the total population, and the Pimas of Arizona have the highest rate of diabetes in the world.
- Although African-Americans and Hispanics represented only 25% the U.S. population in 1999, they accounted for roughly 55% of adult AIDS cases and 84% of pediatric AIDS cases reported through 1999.

WHAT HAS CDC ACCOMPLISHED?

REACH 2010 is a demonstration program to support community coalitions in the design, implementation, and evaluation of unique community-driven strategies to eliminate health disparities. REACH 2010 addresses serious racial and ethnic disparities in infant mortality, breast and cervical cancer, cardiovascular diseases, diabetes, HIV infections/AIDS and immunizations. The communities served by REACH 2010 include: African-Americans, American Indians, Hispanic-Americans, Asian-Americans, Pacific Islanders and Alaska Natives. CDC currently funds 31 communities. Also funded are 5 tribes and tribal organizations under the American Indian/Alaska Native Core Capacity Building Program. This is a three-year program to provide technical assistance in building core capacity to tribes and tribal organizations. The same six health issues are targeted under this program.

Example of program in action: Reach Out is a demonstration project in Chicago that draws on the dedication of local faith leadership within African-American and Latino churches to mobilize low-income women of color to seek early breast and cervical cancer detection. During its planning phase, the Reach Out coalition worked with focus groups in African-American and Latino churches to establish pilot programs. With CDC funding to implement this program, Reach Out will expand its work with low-income African-American women and Latinos in their churches to change beliefs and behaviors regarding early detection of breast and cervical cancer.

WHAT ARE THE NEXT STEPS?

CDC will continue to work closely with communities to develop and evaluate their REACH 2010 demonstration programs. CDC also will work to share the lessons learned from successful demonstration programs with other communities throughout the nation through collaboration with public and private partners.

For additional information on this and other CDC programs, visit www.cdc.gov/programs.

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